

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SEPT. NO. **09/868783**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52		1				
3		12					53		1				
4		10					54		1				
5		10					55		1				
6		10					56		1				
7		10					57		1				
8	1	10					58						
9	1	1					59						
10		1					60						
11		12					61						
12		10					62						
13	1	1					63						
14							64						
15		1					65						
16		1					66						
17		1					67						
18	1	1					68						
19		10					69						
20		10					70						
21	1	1					71						
22		1					72						
23		12					73						
24		21					74						
25	1	10					75						
26		10					76						
27	1	1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		10					85						
36		10					86						
37		10					87						
38		10					88						
39	1	10					89						
40		10					90						
41	1	1					91						
42		1					92						
43		1					93						
44		31					94						
45		12					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.	6						TOTAL IND.	6					
TOTAL DEP.	49						TOTAL DEP.	51					
TOTAL CLAIMS	55						TOTAL CLAIMS	57					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS